



MISSOURI ETHICS COMMISSION
COMMITTEE DISCLOSURE REPORT COVER PAGE

AMENDMENT

INSTRUCTIONS ON REVERSE SIDE

M.E.C. ID NO. C041543

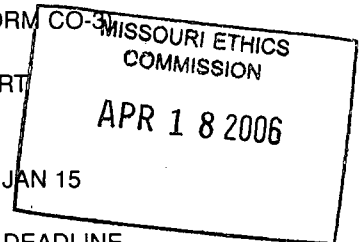
1. DATE OF REPORT

04-12-06

OFFICE USE ONLY

[Signature]

2. FULL NAME OF COMMITTEE 158th Republican Legislative Committee	
3. COMMITTEE MAILING ADDRESS PO BOX 945	4. COMMITTEE TELEPHONE NUMBER
CITY/STATE/ZIP CAPE GIRARDEAU MO 63702	
5. TREASURER'S NAME VICTOR R. GUNN	
6. TREASURER'S MAILING ADDRESS 924 N. CAPE ROCK DR	7. TREASURER'S TELEPHONE NUMBER HOME: 573-335-8066 WORK: 573-587-3170
CITY/STATE/ZIP CAPE GIRARDEAU MO 63701-3607	
8. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER	
9. DEPUTY TREASURER'S MAILING ADDRESS	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: WORK:
11. DATE OF ELECTION	12. TYPE OF ELECTION (CHECK ONE) <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM THROUGH	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY	15. TYPE OF REPORT: <input type="checkbox"/> 15 DAY AFTER CAUCUS NOMINATION <input type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> JAN 15 <input type="checkbox"/> APRIL 15 <input type="checkbox"/> JULY 15 <input type="checkbox"/> OCT 15 <input type="checkbox"/> 8 DAYS BEFORE ELECTION <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> JAN 15 <input type="checkbox"/> JULY 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> AMENDING PREVIOUS REPORT DATED <u>04</u> - <u>12</u> - 20 <u>05</u>
<input type="checkbox"/> CHECK IF INCUMBENT <input type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input type="checkbox"/> _____	



16. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. TREASURER'S SIGNATURE <i>Victor R. Gunn</i>	
17. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. CANDIDATE'S SIGNATURE	



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE
INSTRUCTIONS ON REVERSE SIDE

Amended B-8
Fourth Line

OFFICE USE ONLY

1. NAME OF COMMITTEE <i>158th Republican Legislative Committee</i>		2. REPORT DATE <i>04-12-06</i>	
A. EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW)		4. AMOUNT PAID OR INCURRED THIS PERIOD	
3. CATEGORY OF EXPENDITURE			
		\$	
		\$	
5. SUBTOTAL: NON-ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)		\$	
6. SUBTOTAL: NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGES		+ \$	
7. TOTAL: NON-ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)		\$	
B. ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS		10. PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	
8. NAME AND ADDRESS OF RECIPIENT	9. DATE	11. AMOUNT THIS PERIOD	
NAME:		\$	
ADDRESS:		<input type="checkbox"/> PAID	
CITY / STATE:		<input type="checkbox"/> INCURRED	
NAME:		\$	
ADDRESS:		<input type="checkbox"/> PAID	
CITY / STATE:		<input type="checkbox"/> INCURRED	
NAME:		\$	
ADDRESS:		<input type="checkbox"/> PAID	
CITY / STATE:		<input type="checkbox"/> INCURRED	
NAME: <i>WINNING SOLUTIONS LLC</i>	<i>02-02-05</i>	\$ <i>4,000.00</i>	
ADDRESS: <i>PO BOX 222</i>		<input checked="" type="checkbox"/> PAID	
CITY / STATE: <i>JEFFERSON CITY MO 65102</i>		<input type="checkbox"/> INCURRED	
NAME:		\$	
ADDRESS:		<input type="checkbox"/> PAID	
CITY / STATE:		<input type="checkbox"/> INCURRED	
12. SUBTOTAL: THIS PAGE (SUM COLUMN 11)		\$	
13. SUBTOTAL: ANY ATTACHED PAGES		+ \$	
14. TOTAL: ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 + 13)		\$	
15. TOTAL: MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)		\$	
16. AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD		\$	
17. AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD		\$	
18. IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIOD, LIST AMOUNT		\$	
19. FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B)		\$	
C. MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)		21. DATE	
20. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE		22. AMOUNT	
NAME:			
ADDRESS:			
CITY / STATE:		\$	
NAME:			
ADDRESS:			
CITY / STATE:		\$	
NAME:			
ADDRESS:			
CITY / STATE:		\$	
23. SUBTOTAL: THIS PAGE (SUM COLUMN 22)		\$	
24. SUBTOTAL: ANY ATTACHED PAGES		+ \$	
25. TOTAL: MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24)		\$	
26. IF COMMITTEE MADE ANY LOANS THIS PERIOD, LIST AMOUNT		\$	
27. TOTAL: ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26)		\$	
28. IF COMMITTEE MADE ANY IN-KIND CONTRIBUTIONS THIS PERIOD, LIST AMOUNT		\$	